

Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



William J & Indra Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$1,897.00.		
	Your return shows you have elected to pay your balance due of \$1,897.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$1,897.00	
	- Account Number:	23283381	
	- Routing Transit Number:	021000089	
	- Date of Withdrawal:	03/29/2020	
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2019 Federal Tax Return Summary	Adjusted Gross Income	\$	190,245.00
	Taxable Income	\$	165,827.00
	Total Tax	\$	25,878.00
	Total Payments/Credits	\$	24,092.00
	Payment Due	\$	1,897.00
	Effective Tax Rate		13.60%
Estimated Payments to Make for Next Year's Return	Estimated Payments for 2020 - Do not mail these vouchers with your 2019 income tax return. The estimated vouchers displayed below are used to prepay your 2020 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2020, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	07/15/2020	\$ 2,594.00
	2	07/15/2020	\$ 2,594.00
	3	09/15/2020	\$ 2,594.00
	4	01/15/2021	\$ 2,594.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to:		
	Internal Revenue Service		
	P.O. Box 37007		
	Hartford, CT 06176-7007		

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2020**

2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

2,594.

REV 05/19/20 TTW 1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 202012 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2020**

2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

2,594.

REV 05/19/20 TTW

1555

117-52-2618 071-62-9248
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HARTFORD CT 06176-7007

117522618 CD MATT 30 0 202012 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2020**

2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

2,594.

REV 05/19/20 TTW

1555

117-52-2618 071-62-9248
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117522618 CD MATT 30 0 202012 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2021

2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

2,594.

REV 05/19/20 TTW

1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 202012 430

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial William J		Last name Mattiace	Your social security number 117-52-2618
If joint return, spouse's first name and middle initial Indra		Last name Mattiace	Spouse's social security number 071-62-9248
Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street			Apt. no. PVT
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Floral Park NY 11001			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>			

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	109,983.
2a	Tax-exempt interest	2a		233.
3a	Qualified dividends	3a	13,549.	14,184.
4a	IRA distributions	4a		0.
c	Pensions and annuities	4c	46,398.	46,236.
5a	Social security benefits	5a		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input checked="" type="checkbox"/>	19,609.
7a	Other income from Schedule 1, line 9			0.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			190,245.
8a	Adjustments to income from Schedule 1, line 22			
b	Subtract line 8a from line 7b. This is your adjusted gross income			190,245.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	18.	
11a	Add lines 9 and 10			24,418.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			165,827.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	25,878.																						
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	25,878.																				
13a	Child tax credit or credit for other dependents	13a																							
b	Add Schedule 3, line 7, and line 13a and enter the total			13b																					
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	25,878.																				
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0.																				
16	Add lines 14 and 15. This is your total tax			16	25,878.																				
17	Federal income tax withheld from Forms W-2 and 1099			17	18,092.																				
18	Other payments and refundable credits:																								
a	Earned income credit (EIC)	18a																							
b	Additional child tax credit. Attach Schedule 8812	18b																							
c	American opportunity credit from Form 8863, line 8	18c																							
d	Schedule 3, line 14	18d	6,000.																						
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	6,000.																				
19	Add lines 17 and 18e. These are your total payments			19	24,092.																				
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20																					
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			21a																					
	b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
	d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
	22 Amount of line 20 you want applied to your 2020 estimated tax	22																							
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions			23	1,897.																				
	24 Estimated tax penalty (see instructions)	24	111.																						

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return?
See instructions.
Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Computer programmer	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Retired	<input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Firm's address <input type="text"/>		Phone no. <input type="text"/>	Firm's EIN <input type="text"/>

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 05/19/20 TTW

Form **1040** (2019)

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040 or 1040-SR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	6,000.
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	6,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 05/19/20 TTW

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I
Interest

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

Amount

232.74

1

2 Add the amounts on line 1

2

232.74

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

4

232.74

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

5 List name of payer ► The Royce Funds

Fairholme Funds

Selected Funds

Vanguard

HARBOR INTERNATIONAL FUND - INST

TWEEDY, BROWNE FUND INC. TWEEDY, BROWNE GLOBAL VALUE FUND

93.88

418.13

2,887.93

405.73

2,589.15

7,789.29

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

6

14,184.11

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2019**Attachment
Sequence No. **55**

Name(s) shown on return

William J & Indra Mattiace

Your taxpayer identification number

117-52-2618

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	90.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	90.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9 18.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10 18.
11	Taxable income before qualified business income deduction	11	165,845.	
12	Net capital gain (see instructions)	12	33,158.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	132,687.	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 26,537.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►			15 18.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17 (0.)

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

William J & Indra Mattiace

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	225,656.	219,880.	240,462.	285,174.	190,245.
Adjustments to income					
Adjusted gross income	225,656.	219,880.	240,462.	285,174.	190,245.
Tax expense	24,994.	26,896.	30,755.	10,820.	10,918.
Interest expense . . .	1,408.	646.	30.		
Contributions	1,805.	2,290.	145.	250.	145.
Misc. deductions . . .	3,812.	4,571.			
Other itemized ded'ns					0.
Total itemized/ standard deduction . .	32,019.	34,403.	30,930.	24,000.	24,400.
Exemption amount . .	8,000.	8,100.	8,100.	0.	0.
QBI deduction					18.
Taxable income	185,637.	177,377.	201,432.	261,174.	165,827.
Tax	31,529.	31,781.	39,040.	41,450.	25,878.
Alternative min tax . .	1,638.	2,040.	2,896.		
Total credits		301.	329.		
Other taxes				1,337.	
Payments	26,684.	28,921.	33,546.	33,577.	24,092.
Form 2210 penalty . .	112.	183.	146.	519.	111.
Amount owed	6,595.	4,782.	8,207.	9,729.	1,897.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .	14.70	15.24	17.30	14.53	13.60
**Tax bracket %	28.0	28.0	28.0	24.0	22.0

**Tax bracket % is based on Taxable income.

Qualified Business Income Deduction Summary

2019

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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QuickZoom to QBI Component Worksheet ► _____
QuickZoom to Form 8995. ► _____
QuickZoom to Form 8995-A ► _____

1 Trade or business name _____ Net QBI _____

2 Net qualified business income (QBI) from qualified trades or businesses _____
3 Loss from previous year _____
4 Sum of activities with gains (only positive amounts from table on line 1) _____
5 Sum of activities with losses (only negative amounts from table on line 1) _____

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 _____
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 0.

9 Total REIT dividends 90.
10 PTP Income from non-SSTBs _____
11 PTP Income from SSTBs _____
12 Allowed PTP Income from SSTBs _____
13 Total Allowed PTP income (sum of line 10 and line 12) _____
14 Carryover REIT/PTP losses from prior year _____
15 Total REIT/PTP income 90.
16 20% of total REIT/PTP income 18.
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 18.

19 Taxable income before qualified business income deduction. 165,845.
20 Net capital gains 33,158.
21 Taxable income minus net capital gains. If zero or less, enter -0- 132,687.
22 20% of taxable income minus net capital gains 26,537.

23 QBI deduction before DPAD. 18.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities _____

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) 18.

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 12a ► Keep for your records

2019

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	<u>165,827.</u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>13,549.</u>
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	<input checked="" type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	<u>33,158.</u>
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	<u>33,158.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>132,669.</u>
8	Enter:		
	\$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8	<u>78,750.</u>
9	Enter the smaller of line 1 or line 8	9	<u>78,750.</u>
10	Enter the smaller of line 7 or line 9	10	<u>78,750.</u>
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	<u>0.</u>
12	Enter the smaller of line 1 or line 6	12	<u>33,158.</u>
13	Enter the amount from line 11	13	<u>0.</u>
14	Subtract line 13 from line 12.	14	<u>33,158.</u>
15	Enter:		
	\$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15	<u>488,850.</u>
16	Enter the smaller of line 1 or line 15	16	<u>165,827.</u>
17	Add lines 7 and 11	17	<u>132,669.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>33,158.</u>
19	Enter the smaller of line 14 or line 18	19	<u>33,158.</u>
20	Multiply line 19 by 15% (0.15)	20	<u>4,974.</u>
21	Add lines 11 and 19	21	<u>33,158.</u>
22	Subtract line 21 from line 12	22	<u>0.</u>
23	Multiply line 22 by 20% (0.20)	23	<u>0.</u>
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Add lines 20, 23, and 24	25	<u>25,878.</u>
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.		
		27	<u>25,878.</u>

Tax Payments Worksheet

2019

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/15/19		04/15/19			04/15/19		
2 06/17/19		06/17/19			06/17/19		
3 09/16/19		09/16/19			09/16/19		
4 01/15/20	6,000.	01/15/20	3,000.	NY	01/15/20		
5							
Tot Estimated Payments . . .	6,000.		3,000.				

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6 Overpayments applied to 2019						
7 Credited by estates and trusts						
8 Totals Lines 1 through 7	6,000.	3,000.				
9 2019 extensions						

Taxes Withheld From:				Federal	State	Local
10 Forms W-2				14,851.	7,023.	
11 Forms W-2G						
12 Forms 1099-R				3,241.		
13 Forms 1099-MISC, 1099-K and 1099-G						
14 Schedules K-1						
15 Forms 1099-INT, DIV and OID						
16 Social Security and Railroad Benefits						
17 Form 1099-B	St		Loc			
18 a Other withholding	St		Loc			
b Other withholding	St		Loc			
c Other withholding	St		Loc			
d Positive Adjustment	St		Loc			
e Negative Adjustment	St		Loc			
f Additional Medicare Tax.						
19 Total Withholding Lines 10 through 18f				18,092.	7,023.	
20 Total Tax Payments for 2019				24,092.	10,023.	

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)				State	ID	Local	ID
21 Tax paid with 2018 extensions							
22 2018 estimated tax paid after 12/31/2018				7,000.	NY		
23 Balance due paid with 2018 return							
24 Other (amended returns, installment payments, etc) . .							

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY		7,000.	13,097.		165.	
Totals . .		7,000.	13,097.		165.	

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31
NY	7,000.

2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	13,097.	165.

2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

William J & Indra Mattiace

117-52-2618

Other Tax and Income Information			2018	2019
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	11,070.	11,063.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	285,174.	190,245.
6	Tax liability for Form 2210 or Form 2210-F	6	42,787.	25,878.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2018	2019
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2019	a		
	b 2018	b		
	c 2017	c		
	d 2016	d		
	e 2015	e		
	f 2014	f		

Credit Carryovers				2018	2019
18	General business credit			18	
19	Adoption credit from:	a	2019	19 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
		e	2015	e	
		f	2014	f	
20	Mortgage interest credit from:	a	2019	20 a	
		b	2018	b	
		c	2017	c	
		d	2016	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2018	2019
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26 2018 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						
27 2019 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
a	2019					0.	
b	2018						
c	2017						
d	2016						
e	2015						
28 Amount overpaid less earned income credit							0.

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers		2018	2019
29	Qualified business loss carryforward	29	
30	Qualified PTP loss carryforward	30	

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2019

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2019.		
3	Basis carryover as of 12/31/2019		
Excess Contributions			
4	Excess contributions as of 12/31/2018		
5	Carryover of excess contributions to 2020		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		6,702.
8	Contribution basis carryover as of 12/31/2019		
9	Conversion basis carryover as of 12/31/2019		6,702.
Excess Contributions			
10	Excess contributions as of 12/31/2018		
11	Carryover of excess contributions to 2020		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2018 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2019 (<i>See Help</i>) . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2019. qualified charitable distributions (QCD) made in Jan. 2020 to be treated as made in December 2019 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2019		
21	Check this box if you converted all of the traditional IRAs you had in 2019 to Roth IRAs in 2019.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2019

Page 2

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2015	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2018 Balances (Basis - Before 2019 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2015 conversions - taxable and nontaxable		6,702.
25	2015 conversion contributions taxable at conversion		
26	2015 conversion contributions not taxable at conversion		
27	2016 conversion contributions taxable at conversion		
28	2016 conversion contributions not taxable at conversion		
29	2017 conversion contributions taxable at conversion		
30	2017 conversion contributions not taxable at conversion		
31	2018 conversion contributions taxable at conversion		
32	2018 conversion contributions not taxable at conversion		
2019 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2019 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2015 conversions		
40	Distributions from 2015 conversions taxable at conversion		
41	Distribs. from 2015 conversions not taxable at conversion		
42	Distributions from 2016 conversions taxable at conversion		
43	Distribs. from 2016 conversions not taxable at conversion		
44	Distributions from 2017 conversions taxable at conversion		
45	Distribs. from 2017 conversions not taxable at conversion		
46	Distributions from 2018 conversions taxable at conversion		
47	Distribs. from 2018 conversions not taxable at conversion		
48	Distributions from 2019 conversions taxable at conversion		
49	Distribs. from 2019 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2020 (Basis - After 2019 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2016 conversions - taxable and nontaxable		6,702.
53	2016 conversion contributions taxable at conversion		
54	2016 conversion contributions not taxable at conversion		
55	2017 conversion contributions taxable at conversion		
56	2017 conversion contributions not taxable at conversion		
57	2018 conversion contributions taxable at conversion		
58	2018 conversion contributions not taxable at conversion		
59	2019 conversion contributions taxable at conversion		
60	2019 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2019

Page 3

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
Received From Former Spouse due to Divorce or Inheritance			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
61			
62	Cumulative pre 2015 conversions - taxable and nontaxable		
63	2015 conversion contributions taxable at conversion		
64	2015 conversion contributions not taxable at conversion		
65	2016 conversion contributions taxable at conversion		
66	2016 conversion contributions not taxable at conversion		
67	2017 conversion contributions taxable at conversion		
68	2017 conversion contributions not taxable at conversion		
69	2018 conversion contributions taxable at conversion		
70	2018 conversion contributions not taxable at conversion		
71	2019 conversion contributions taxable at conversion		
72	2019 conversion contributions not taxable at conversion		
Transferred To Former Spouse due to Divorce			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
73			
74	Cumulative pre 2015 conversions - taxable and nontaxable		
75	2015 conversion contributions taxable at conversion		
76	2015 conversion contributions not taxable at conversion		
77	2016 conversion contributions taxable at conversion		
78	2016 conversion contributions not taxable at conversion		
79	2017 conversion contributions taxable at conversion		
80	2017 conversion contributions not taxable at conversion		
81	2018 conversion contributions taxable at conversion		
82	2018 conversion contributions not taxable at conversion		
83	2019 conversion contributions taxable at conversion		
84	2019 conversion contributions not taxable at conversion		

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: William J & Indra Mattiace

Primary SSN: 117-52-2618

Federal Return Submitted: March 28, 2020 10:52 AM PDT

Federal Return Acceptance Date: 03/28/2020

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight July 15, 2020. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2020. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2020, and the corrected return is submitted and accepted by October 20, 2020.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2019 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$1,150.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 23283381 Routing Transit Number: 021000089.		
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
Other Forms to Mail	Your Form NYC-1127 (Joint or Employee's Copy) shows a refund of \$244.00. Mail Form NYC-1127 (Joint or Employee's Copy) to the following address by July 30, 2020: NYC Department of Finance Section 1127 PO Box 5563 Binghamton, NY 13902-5563		
2019 New York Tax Return Summary	Taxable Income	\$	154,195.00
	Total Tax	\$	8,843.00
	Total Payments/Credits	\$	10,023.00
	Amount to be Refunded	\$	1,180.00
	Penalty/Interest	\$	30.00
	Refund With Penalty/Interest	\$	1,150.00

Electronic Filing Instructions for your 2019 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Estimated Payments to Make for Next Year's Return

New York Estimated Payment Vouchers for 2020 - Do not mail the following vouchers (Form IT-2105) with your 2019 income tax return. These vouchers are used to prepay your 2020 income taxes that will be filed next year.

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	07/15/2020	\$ 676.00
2	06/15/2020	\$ 676.00
3	09/15/2020	\$ 676.00
4	01/15/2021	\$ 676.00

You can pay this amount electronically through the NY State Department of taxation website at <https://www.tax.ny.gov>. If you choose to file by mail, include a separate check or money order for each payment, payable to, "NYS Income Tax". Write "2020 IT-2105" on each check.

Mail your estimated payments to:

NYS Estimated Income Tax
Processing Center
PO Box 4122
Binghamton, NY 13902-4122

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?

Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149
 Personal Income Tax Information Center: 518-457-5181
 To order forms and publications: 518-457-5431
 Text Telephone (TTY) or TDD Dial 7-1-1 for the
 equipment users New York Relay Service

◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

REV 04/03/20 TTW

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2020; June 15, 2020; September 15, 2020; and January 15, 2021. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2020 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 117522618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's email address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	676	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	676	00

STOP: Pay this electronically on our website

0601201555 117522618 1

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
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- check for new online services and features

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Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the
equipment users New York Relay Service

◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

REV 04/03/20 TTW

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2020; June 15, 2020; September 15, 2020; and January 15, 2021. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2020 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 117522618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's email address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	676	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	676	00

STOP: Pay this electronically on our website

0601201555 117522618 1

**Tips for Estimated Tax**

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provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?

Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149
 Personal Income Tax Information Center: 518-457-5181
 To order forms and publications: 518-457-5431
 Text Telephone (TTY) or TDD Dial 7-1-1 for the
 equipment users New York Relay Service

◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

REV 04/03/20 TTW

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2020; June 15, 2020; September 15, 2020; and January 15, 2021. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2020 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 117522618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's email address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	676	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	676	00

STOP: Pay this electronically on our website

0601201555 117522618 1

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?

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◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

REV 04/03/20 TTW

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2020; June 15, 2020; September 15, 2020; and January 15, 2021. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2020 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 117522618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's email address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	676	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	676	00

STOP: Pay this electronically on our website

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**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
WILLIAM		J	MATTIACE		04041957		117522618	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
INDRA			MATTIACE		10311955		071629248	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

A Filing status(mark an **X** in one box):

- ① ☐ Single
- ② ☒ Married filing joint return (enter spouse's Social Security number above)
- ③ ☐ Married filing separate return (enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2019 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months **you** lived in NYC in 2019
- (2) Number of months **your spouse** lived in NYC in 2019

G Enter your **2-character special condition code(s)** if applicable (see page 15) **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐

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For office use only

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Your Social Security number
117522618

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	109983.00
2	Taxable interest income	2	233.00
3	Ordinary dividends	3	14184.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	19609.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	0.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	46236.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	190245.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	190245.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	190245.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	20000.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	20000.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	170245.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	154195.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	154195.00

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Name(s) as shown on page 1
WILLIAM J AND INDRA MATTIACE

Your Social Security number
117522618

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	154195.00
39	NYS tax on line 38 amount (see page 22)	39	9576.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	733.00
43	Add lines 40, 41, and 42	43	733.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	8843.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	8843.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	8843.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your Social Security number

117522618

62 Enter amount from line 61 **62** 8843 .00**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	7023 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	3000 .00
76	Total payments (add lines 63 through 75)	76	10023 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	1150 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1150 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1150 .00

Mark one refund choice: ☒ **direct deposit** to checking or savings account (fill in line 83) - or - ☐ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) **79** .00

80 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81** 30 .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 34) ☐

83a Account type: ☐ Personal checking - or - ☒ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000089 83c Account number 23283381

84 Electronic funds withdrawal (see page 34) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COMPUTER PROGRAMMER	
Spouse's signature and occupation (if joint return) RETIRED	
Date	Daytime phone number (516) 488 7153
Email: GMATTIAW@GMAIL.COM	

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See instructions for where to mail your return.



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**Other Tax Credits and Taxes**
Attachment to Form IT-201**IT-201-ATT**See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your Social Security number
WILLIAM J AND INDRA MATTIACE	117522618

- A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes ☐ No ☒

Part 1 – Other New York State, New York City, and Yonkers tax credits**Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

1	Accumulation distribution credit (submit computation)	1	.00
2	Other nonrefundable, non-carryover credits		
2a	Code Amount	2b	Code Amount
	.00		.00
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)		2	.00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	733 .00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	.00
6	Other nonrefundable, carryover credits		
6a	Code Amount	6h	Code Amount
	.00		.00
6b	.00	6i	.00
6c	.00	6j	.00
6d	.00	6k	.00
6e	.00	6l	.00
6f	.00	6m	.00
6g	.00	6n	.00
Total other nonrefundable, carryover credits (add lines 6a through 6n)		6	.00
7	Total New York State nonrefundable credits used		
(add lines 1 through 6; enter here and on Form IT-201, line 42)		7	733 .00

Section C – New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit	8	.00
8a	New York City resident GCT credit	8a	.00
9	New York City accumulation distribution credit (submit computation)	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
10	Total other New York City nonrefundable credits used		
(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53)		10	.00

Section D – New York State, New York City, Yonkers, and MCTMT refundable credits

11	Farmers' school tax credit	11	.00
12	Other refundable credits		
12a	Code Amount	12g	Code Amount
	.00		.00
12b	.00	12h	.00
12c	.00	12i	.00
12d	.00	12j	.00
12e	.00	12k	.00
12f	.00	12l	.00
Total other refundable credits (add lines 12a through 12l)		12	.00
13	Add lines 11 and 12	13	.00

(continued on page 2)

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NO HANDWRITTEN ENTRIES ON THIS FORM

Your Social Security number

117522618

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

14 Enter amount from line 13 on the front page	14	.00
15 New York State claim of right credit	15	.00
16 New York City claim of right credit	16	.00
17 Yonkers claim of right credit	17	.00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	.00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	.00

Part 2 – Other New York State taxes (submit all applicable forms)If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)	19	.00																												
20 Other New York State taxes																														
<table border="1"> <thead> <tr> <th>Code</th> <th>Amount</th> <th>Code</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>20a</td><td>.00</td><td>20g</td><td>.00</td></tr> <tr><td>20b</td><td>.00</td><td>20h</td><td>.00</td></tr> <tr><td>20c</td><td>.00</td><td>20i</td><td>.00</td></tr> <tr><td>20d</td><td>.00</td><td>20j</td><td>.00</td></tr> <tr><td>20e</td><td>.00</td><td>20k</td><td>.00</td></tr> <tr><td>20f</td><td>.00</td><td>20l</td><td>.00</td></tr> </tbody> </table>	Code	Amount	Code	Amount	20a	.00	20g	.00	20b	.00	20h	.00	20c	.00	20i	.00	20d	.00	20j	.00	20e	.00	20k	.00	20f	.00	20l	.00		
Code	Amount	Code	Amount																											
20a	.00	20g	.00																											
20b	.00	20h	.00																											
20c	.00	20i	.00																											
20d	.00	20j	.00																											
20e	.00	20k	.00																											
20f	.00	20l	.00																											
Total other New York State taxes (add lines 20a through 20l)	20	.00																												
21 Add lines 19 and 20	21	.00																												
22 See instructions for line 22	22	.00																												
23 Enter amount from Form IT-201 , line 39	23	.00																												
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	.00																												
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	.00																												
26 New York State separate tax on lump-sum distributions (Form IT-230)	26	.00																												
27 Resident credit against separate tax on lump-sum distributions	27	.00																												
28 Subtract line 27 from line 26	28	.00																												
29 This line intentionally left blank	29																													
30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	.00																												

Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (Form IT-230)	32	.00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230)	33	.00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Claim for Long-Term Care Insurance Credit

IT-249

Tax Law - Section 606(aa)

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE	Identifying number as shown on return 117522618
--	--

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1	Qualified long-term care insurance premiums paid for the current tax year (see instructions)	1	3667 .00
2	Credit rate (20%)	2	.20
3	Credit for qualified long-term care insurance (multiply line 1 by line 2)	3	733 .00

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 3 on Schedule E, line 8.**Schedule B – Partnership, S corporation, estate, and trust information (see instructions)**

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number

Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	4	Enter your share of the credit from your partnership	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation	5	.00
Beneficiary	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D, column C	6	.00
	7	Totals (add lines 4, 5, and 6)	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 7 on Schedule E, line 9.**Schedule D – Beneficiary's and fiduciary's share of credit (see instructions)**

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		.00
		.00
		.00
Fiduciary		.00

(continued on page 2)



Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	733 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10	.00
	11	Total credit available for the current year (add lines 8, 9, and 10)	11	733 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.

Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.

Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	12	733 .00
13	Enter the carryover credit from last year's Form IT-249	13	.00
14	Total credit (add lines 12 and 13; complete Schedule H)	14	733 .00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	15	.00
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16	
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17	.00
18	Enter the carryover credit from last year's Form IT-249	18	.00
19	Total credit (add lines 17 and 18; complete Schedule H)	19	.00

Schedule H – Computation of credit used and carried over

20	Tax due before credits (see instructions)	20	9576 .00
21	Credits applied against the tax before this credit (see instructions)	21	.00
22	Net tax (subtract line 21 from line 20)	22	9576 .00
23	Credit used for the current tax year (see instructions)	23	733 .00
24	Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24	.00

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Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE	Identification number (SSN or EIN) 117522618
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Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2019 return before withholding and estimated tax payments (caution: see instructions)	1	8843.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a Total amount of any check(s) received from the Tax Department for any school or property tax credits (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a) ..	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a NY City enhanced real property tax credit (from Form IT-201, line 70a)	9a	.00
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	.00
12 Current year tax (subtract line 11 from line 1)	12	8843.00
13 Multiply line 12 by 90% (.90)	13	7959.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	7023.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	1820.00
16 Enter your 2018 tax (caution: see instructions)	16	14225.00
17 Enter the smaller of line 13 or line 16	17	7959.00

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	.00
22 Multiply line 21 by .05061 and enter the result	22	.00
23 If the amount on line 21 was paid on or after April 15, 2020, enter 0 . If the amount on line 21 was paid before April 15, 2020, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2020 × .00020 =	23	.00
24 Penalty. Subtract line 23 from line 22	24	.00

Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the page 2)

Payment due dates	A 4/15/19	B 6/15/19	C 9/15/19	D 1/15/20
25 Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions.)..	25	1989.00	1990.00	1990.00
26 Estimated tax paid and tax withheld (see instructions)	26	1755.00	1756.00	4756.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27	234.00	468.00	702.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	1755.00	1522.00	4054.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	234.00	468.00	-2064.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A 4/15/19	B 6/15/19	C 9/15/19	D 1/15/20
30 Amount of underpayment (from line 29)	30 234 .00	468 .00	702 .00	-2064 .00
First installment (April 15 - June 15, 2019)				
31 April 15 - June 15 = (61 ÷ 365) × 8.5% = .01420 - or - April 15 - _____ = ([] ÷ 365) × 8.5% = []	31			
32 Multiply line 30, column A by line 31	32 3 .00			
Second installment (June 15 - September 15, 2019)				
33 June 15 - June 30 = (15 ÷ 365) × 8.5% = .00348 July 1 - September 15 = (77 ÷ 365) × 7.5% = .01581 Total .01929 - or - June 15 - _____ = ([] ÷ 365) × 8.5% = [] July 1 - _____ = ([] ÷ 365) × 7.5% = [] Total []	33			
34 Multiply line 30, column B by line 33	34 9 .00			
Third installment (September 15, 2019 - January 15, 2020)				
35 September 15 - December 31 = (107 ÷ 365) × 7.5% = .02198 January 1 - January 15 = (15 ÷ 366) × 7.5% = .00306 Total .02504 - or - September 15 - _____ = ([] ÷ 365) × 7.5% = [] January 1 - _____ = ([] ÷ 366) × 7.5% = [] Total []	35			
36 Multiply line 30, column C by line 35	36 18 .00			
Fourth installment (January 15 - April 15, 2020)				
37 January 15 - April 15 = (91 ÷ 366) × 7.5% = .01864 - or - January 15 - _____ = ([] ÷ 366) × 7.5% = []	37			
38 Multiply line 30, column D by line 37	38 .00			
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	39 SEE STATEMENT UND.			
				30 .00



Taxpayer/Spouse Income Allocation Worksheet

2019

Taxable Income of New York City Resident Yonkers Resident Income Tax Surcharge

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117522618
---	----------------------------------

Federal Adjusted Gross Income	Total	Taxpayer	Spouse
1 Wages, salaries, tips, etc	109983.	108423.	1560.
2 Taxable interest income	233.	117.	116.
3 Dividend income	14184.	7093.	7091.
4 Taxable refunds, credits, or offsets of state and local income taxes	0.		
5 Alimony received			
6 Business income or (loss)			
7 Capital gain or (loss)	19609.	19609.	
8 Other gains or (losses)			
9 Taxable amount of IRA distributions	0.		
10 Taxable pensions and annuities	46236.		46236.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
12 Farm income or (loss)			
13 Unemployment compensation			
14 Taxable social security benefits			
15 Other income			
16 Total (add lines 1 through 15)	190245.	135242.	55003.
17 Less: Federal adjustments to income			
18 Federal adjusted gross income (line 16 less line 17)	190245.	135242.	55003.

New York Additions

19 Interest income on state and local bonds and obligations			
20 Public employee 414(h) retirement contributions from your wage and tax statements			
21 New York's 529 college savings program distributions			
22 Other			
23 Add lines 19 through 22			

New York Subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes	0.		
25 Pensions of New York State and local governments and the federal government			
26 Taxable amount of social security benefits			
27 Interest income on U.S. government bonds			
28 Pension and annuity income exclusion	20000.		20000.
29 New York's 529 college savings program deductions/earnings			
30 Other			
31 Add lines 24 through 30	20000.		20000.
32 New York adjusted gross income	170245.	135242.	35003.

Itemized Deductions		Total	Taxpayer	Spouse
33	Medical and dental expenses			
34	Taxes you paid			
35	Interest you paid			
36	Gifts to charity			
a	New York Charitable Gifts Trust Fund Account contributions included on line 36			
37	Casualty and theft losses			
38	Job expenses and most other miscellaneous deductions			
39	Other miscellaneous deductions			
40	Add lines 33 through 39			
41	Reduction for federal itemized deductions limitation			
42	Total itemized deductions			
43	State, local, foreign taxes, other subtraction adjustments			
44	Subtract line 43 from line 42			
45	Addition adjustments			
46	College tuition itemized deduction			
47	Add lines 44, 45 and 46			
48	New York itemized deduction adjustment			
49	New York itemized deduction			

New York Taxable Income

50	New York itemized deduction or			
	New York standard deduction		8000.	8000.
51	New York dependent exemptions			
52	New York taxable income		127242.	27003.

New York State Taxes

53	New York taxable income		127242.	27003.
54	New York State tax		8028.	1391.
55	Form IT-216 New York State Child and Dependent Care Credit for part-year residents			
56	New York State Household Credit			
57	Earned Income Credit for part-year residents			
58	New York State nonrefundable credits	733.	733.	
59	Add lines 55, 56, 57 and 58		733.	
60	Subtract line 59 from line 54		7295.	1391.
61	Other New York State taxes			
62	Total New York State taxes		7295.	1391.

Information for Calculation of Yonkers Tax

63	Form IT-201-ATT, line 13 Refundable credits *			
64	Form IT-209 Noncustodial Parent EIC Credit *			
65	Form IT-213 Empire State Child Credit *			
66	Form IT-214 Real Property Tax Credit *			
67	Form IT-215 or IT-209 Earned Income Credit *			
68	Form IT-216 New York State Child and Dependent Care Credit			
69	Form IT-272 College Tuition Credit *			
70	New York City School Tax Credit			
71	Property Tax Relief Credit			
72	STAR reconciliation amount IT-119 line 3			
73	Form IT-112.1 Resident Credit against separate tax on lump-sum distributions %			
74	Form IT-203-ATT, line 20, Other New York State Taxes %			
75	Form IT-203-ATT, lines 9, 10 and 12, State Refundable Credits %			

* IT-201 filers only

% IT-203 filers only



Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

117522618

Box b Employer identification number (EIN)

136400434

Box c Employer's information

Employer's name

THE CITY OF NEW YORK

Employer's address (number and street)

450 W 33RD ST 4TH FLOOR

City

NEW YORK

State

NY

ZIP code

10001

Country (if not United States)

Box 1 Wages, tips, other compensation

108423.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

25000.00

Code

A A

Box 12b Amount

24641.00

Code

D D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

107.00

Description

FRINGE

Box 14b Amount

3140.00

Description

IRC 132

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

108423.00

Box 17a NYS income tax withheld

7015.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

071629248

Box b Employer identification number (EIN)

116000675

Box c Employer's information

Employer's name

SEWANHAKA C.H.S.D.

Employer's address (number and street)

77 LANDAU AVE.

City

FLORAL PARK

State

NY

ZIP code

11001

Country (if not United States)

Box 1 Wages, tips, other compensation

1560.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

1560.00

Box 17a NYS income tax withheld

8.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

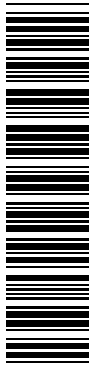
Locality a

Locality b

102001191555



NO HANDWRITTEN ENTRIES ON THIS FORM



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions): ☐ ☐

First names and initials of employee and spouse: WILLIAM J		Last name: MATTIACE		Name Change <input type="checkbox"/>		<input type="checkbox"/> AMENDED RETURN	
Home address (number and street): 186 LOCUST STREET		Apt. no.: PVT		Address Change <input type="checkbox"/>		TAXPAYER'S EMAIL ADDRESS GMATTIAW@GMAIL.COM	
City and State: FLORAL PARK NY		Zip Code: 11001		Country (if not US)		EMPLOYEE'S SOCIAL SECURITY NUMBER 1 1 7 - 5 2 - 2 6 1 8	
NYC Department or Agency where employed: FDNY		Employee ▼		Spouse ▼		SPOUSE'S SOCIAL SECURITY NUMBER	
Daytime telephone number:		5 1 6		4 8 8		7 1 5 3	

1 - FILING STATUS

A. ☐ MARRIED FILING JOINTLY OR SURVIVING SPOUSE **Note:** If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

B. ☐ HEAD OF HOUSEHOLD

C. ☒ SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2019 EMPLOYEE: 12 SPOUSE: _____

B. DATE RETIRED FROM NYC SERVICE EMPLOYEE: _____ SPOUSE: _____

C. ☐ CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
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2 - 1127 LIABILITY CALCULATION

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

Line	Where do I get the amount?	Amount
1 NYS Taxable Income. See instructions.	♦ NYS IT-201, line 37 ♦ NYS IT-203, line 36 Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.	122,492.
2 Section 1127 liability plus Other New York City Taxes, if any. See instructions.	♦ Page 2 liability rate schedules ♦ NYS IT-201, line 51	4,623.
3 New York City School tax and other credits	♦ See Page 2, Schedule B and Instructions	336.
4 New York City 1127 amount withheld	♦ Form 1127.2	4,531.
5 Balance Due	♦ If line 2 is greater than the sum of lines 3 and 4, enter balance due	
6 Refund	♦ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.)	244.

3 - CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions)YES ☐

SIGN HERE: _____ DATE _____

YOUR SIGNATURE _____

PREPARER'S USE ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE	PREPARER'S EMAIL ADDRESS
	SELF-PREPARED	PREPARER'S PRINTED NAME	ADDRESS	CITY STATE ZIP CODE

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES
Payment must be made in U.S. dollars, drawn on a U.S. bank.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5564
BINGHAMTON, NY 13902-5564
REV 04/03/20 TTW

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT
NYC.GOV/ESERVICES OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

Line		Amount
1	NYS Adjusted Gross Income	170,245.
2	Non NYC Employee Income	35,003.
3	Net NYS Gross Income	135,242.
4	Compute limitation percentage	<div> <div> Line 3: \$ 135,242. Line 1: \$ 170,245. </div> <div>= 79.44 %</div> </div> <div> Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC. </div>
5	Check only one box:	<div> <input type="checkbox"/> Standard Deduction: \$8,000. OR <input checked="" type="checkbox"/> Itemized deduction: \$ 16,050. X 79.44 % = (See instructions) amount from IT 201, line 34 % from line 4 12,750. </div>
6	New York Dependent Exemption from NYS return. No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4).	
7	Total Deductions and Exemptions	12,750.
8	Allocated New York State Taxable Income	122,492.

Line		Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	See Instructions. *See below.	63.
A2.	NYC School Tax Credit (rate reduction amount)	See Instructions	273.
B.	UBT Paid Credit	See Instructions	
C.	NYC household credit	from IT-201 Instructions NYC table 4, 5 or 6	
D.	NYC Claim of Right Credit	from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)	
E.	NYC Earned Income Credit	(attach IT-215)	
F.	Other NYC taxes	See Instructions	
G.	NYC Child and Dependent Care Credit	See Instructions (attach IT-216)	
H.	Total of lines A1 - G	enter on page 1, line 3	336.

*Enter income used to calculate eligibility for credit on Line A1: _____

Table A - Married filing jointly or surviving spouse					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 21,600	\$ 665	plus	3.078%	of Form 1127, line 1
\$ 21,600	\$ 45,000	\$ 1,545	plus	3.762%	of the excess over \$ 21,600
\$ 45,000	\$ 90,000	\$ 3,264	plus	3.819%	of the excess over \$ 45,000
\$ 90,000			plus	3.876%	of the excess over \$ 90,000
Table B - Head of household					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 14,400	\$ 443	plus	3.078%	of Form 1127, line 1
\$ 14,400	\$ 30,000	\$ 1,030	plus	3.762%	of the excess over \$ 14,400
\$ 30,000	\$ 60,000	\$ 2,176	plus	3.819%	of the excess over \$ 30,000
\$ 60,000			plus	3.876%	of the excess over \$ 60,000
Table C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 12,000	\$ 369	plus	3.078%	of Form 1127, line 1
\$ 12,000	\$ 25,000	\$ 858	plus	3.762%	of the excess over \$ 12,000
\$ 25,000	\$ 50,000	\$ 1,813	plus	3.819%	of the excess over \$ 25,000
\$ 50,000			plus	3.876%	of the excess over \$ 50,000

NEW YORK CITY 1127 LIABILITY RATES



Other Tax Credits and Taxes Worksheet

2019

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Part I — New York Credits

Section A — New York State Nonrefundable/Non-Carryover Credits

Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3

1	Form IT-112-R — Resident Credit	1	
2	Form IT-112-C — Resident Credit for Taxes Paid to a Province of Canada	2	
3 *	Form IT-228 — Contributions to Certain Funds Credit	3	
4	Form IT-250 — Defibrillator Credit	4	
5	Form IT-604 — Qualified Economic Zone Employment Tax Reduction Credit	5	
6	New York State Accumulation Distribution Credit (<i>attach computation</i>)	6	

Section B — New York State Nonrefundable/Carryover Credits

Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8

1	Form IT-212 — Investment Credit	1	
2 *	Form IT-226 — Employer Compensation Expense Program Wage Credit	2	
3	Form IT-236 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011)	3	
4	Form IT-237 — Historic homeownership rehabilitation credit	4	
5	Form IT-239 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011)	5	
6	Form IT-246 — Empire State commercial production credit	6	
7	Form IT-249 — Long-Term Care Insurance Credit	7	733.
8	Form IT-251 — Employment of Persons with Disabilities Credit	8	

Carryover information
for Form IT-252 ►

Year Carryover Credit Earned	Carryover Amount

9	Form IT-252 — Financial Services Industry Investment and Employment Incentive Tax Credit carryover	9	
10	Form IT-253 — Alternative Fuels Credit carryover	10	
11	Form IT-255 — Solar Energy System Equipment Credit	11	
12	Form IT-256 — Claim for Special Additional Mortgage Recording Tax Credit	12	
13	Form IT-261 — Empire State film post-production credit carryover	13	
14	Form IT-501 — Temporary nonrefundable credit deferral payout	14	
15	Form IT-601 — Empire Zone (EZ) Wage Tax Credit	15	
16	Form IT-602 — Empire Zone (EZ) Capital Tax Credit carryover	16	
17	Form IT-603 — Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr	17	
18	Form IT-605 — Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit carryover	18	
19	Form IT-637 — Alternative Fuels and Electric Vehicle Recharging Property Cr	19	
20	Form IT-643 — Hire a Veteran Credit	20	
21	Form IT-644 — Workers with Disabilities Tax Credit	21	
22	Form DTF-622 — Qualified Emerging Technology Co. (QETC) Capital Tax Credit	22	
23	Form DTF-624 — Low-Income Housing Credit	23	
24	Form DTF-630 — Green Building Credit	24	
25	Residential Fuel Oil Storage Tank Credit carryover (<i>attach computation</i>)	25	
26	Solar and Wind Energy Credit carryover (<i>attach computation</i>)	26	

* New for 2019

Pensions/Annuities/IRAs Worksheet

2019

► Keep for your records

Name as Shown on Return <u>WILLIAM J AND INDRA MATTIACE</u>	Social Security No. <u>117-52-2618</u>
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Part I – Calculation of Taxable Income Amounts

Payer's Name NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM EIN 14-6020869 TP/SP S

Special Type Indicators:

Qualifies for government exclusion	<input type="checkbox"/> Tier II Railroad Retirement Benefits	<input type="checkbox"/>
Optional Retirement Program Distribution or former government pension converted to an IRA		<input type="checkbox"/>
Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion		<input type="checkbox"/>
None of the above apply		<input checked="" type="checkbox"/>

Check if IRA/SEP/SIMPLE or treated as such . . . ☐ Date of first receipt in 2019 . . . _____

Gross pension/IRAs 46,398.

Federal taxable pension/IRAs (regular) 46,236.

New York State taxable pension/IRAs, if different then federal 46,236.

If optional retirement program distribution or former government pension converted to an IRA, enter the amount (if any) that qualifies for the governmental exclusion _____

Pensions received as a beneficiary of a decedent:

Decedent's date of birth _____

Decedent's total pension/annuity/IRA (if known) _____

Pension and annuity exclusion for this distribution claimed on the decedent's return _____

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for example, 49.72% = 49.72) _____

Note: If the distribution was from an optional retirement program and was received as a beneficiary of a decedent, see the tax help for the 'Decedent's Total Pension/Annuity/IRA' for more information.

IRAs/Pensions Received as a Beneficiary Question (IT-201/IT-203, line 9 and line 10)

1	Were any IRA distribution(s) received as a beneficiary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Were any pension distribution(s) received as a beneficiary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Individual retirement accounts (IRAs) (Part-Year Residents)

1	Allocated IRA distributions
2	Total taxable IRA distributions. Enter this amount on line 9, column B of the Part-Year Resident/Nonresident Allocation Worksheet

Taxpayer

Spouse

Pensions and annuities (Nonresidents and Part-Year Residents)

3	Allocated pension/annuity distributions
4	Total taxable pension/annuity distributions. Enter this amount on line 10, column B of the Part-Year Resident/Nonresident Allocation Worksheet

Taxpayer

Spouse

Part II – Calculation of Exclusion Amounts	Taxpayer	Spouse
1 a Date of birth	04/04/57	10/31/55
b Age as of 1/1/2019.	61	63
c If all pensions and IRAs qualify for the pension and annuity income exclusion regardless of the recipients age (assuming the pensions and IRAs meet all other requirements for the pension and annuity income exclusion), check this box	<input type="checkbox"/>	<input type="checkbox"/>
2 a Total governmental pension. If filing Form IT-203, this is also the governmental exclusion from all sources; enter this amount on Form IT-203, line 25, Federal column		
b Governmental pension exclusion. Enter this amount on Form IT-201, line 26 or Form IT-203, line 25, New York State Column . . .		
3 Total other pension and annuity income		46,236.
4 a If filing Form IT-203, other pension and annuity income exclusion from all sources. Enter this amount on Form IT-203, line 28, Federal column		
b Other pension and annuity income exclusion from New York sources. Enter this amount on Form IT-201, line 29 or Form IT-203, line 28, New York State column	0.	20,000.
5 Disability income exclusion		

Note: Information on line 1 will be used to determine eligibility based on age. The sum of the pension and annuity income exclusion (line 4) and the disability income exclusion (line 5) cannot exceed \$20,000 for taxpayer or spouse.

Two-Year Comparison

2019

Name as Shown on Return WILLIAM J AND INDRA MATTIACE			Social Security No. 117-52-2618	
	2018	2019	Difference	%
Federal Adjusted Gross Income	285,174.	190,245.	-94,929.	-33.29
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions	387.		-387.	-100.00
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions	387.		-387.	-100.00
New York Subtractions				
State tax refund	3,203.		-3,203.	-100.00
Government pension exclusion	59,439.		-59,439.	-100.00
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion		20,000.	20,000.	
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions	62,642.	20,000.	-42,642.	-68.07
New York Adjusted Gross Income	222,919.	170,245.	-52,674.	-23.63
Standard or Itemized Deduction	16,050.	16,050.	0.	0.00
Dependent exemptions				
New York Taxable Income	206,869.	154,195.	-52,674.	-25.46
New York State tax	13,591.	9,576.	-4,015.	-29.54
New York State nonrefundable credits	659.	733.	74.	11.23
Other New York State taxes				
Total New York State taxes	12,932.	8,843.	-4,089.	-31.62
New York City taxes				
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	12,932.	8,843.	-4,089.	-31.62
Withholding	6,097.	7,023.	926.	15.19
Estimated tax payments, extension payment, and amount applied from prior year return	7,000.	3,000.	-4,000.	-57.14
Refundable credits				
Total payments and refundable credits	13,097.	10,023.	-3,074.	-23.47
Underpayment penalty		30.	30.	
Applied to next year's estimated tax				
Refund	165.	1,150.	985.	596.97
Balance Due				

Additional information from your 2019 New York Tax Return

IT-2105.9: Underpayment of Estimated Tax Underpayment Statement

Explanation Statement

Penalty							
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
AMOUNT DUE	04/15/19	1989		1989	8.50	0	
WITHHOLDING	04/15/19		1755	234	8.50	61	3.32
AMOUNT DUE	06/15/19	1990		2224	8.50	0	
WITHHOLDING	06/15/19		1756	468	8.50	15	1.63
RATE CHANGE	06/30/19			468	7.50	77	7.40
AMOUNT DUE	09/15/19	1990		2458	7.50	0	
WITHHOLDING	09/15/19		1756	702	7.50	107	15.43
DAILY RATE CHG	12/31/19			702	7.50	15	2.15
AMOUNT DUE	01/15/20	1990		2692	7.50	0	
WITHHOLDING	01/15/20		1756	936	7.50	0	
PAYMENT	01/15/20		3000	-2064	7.50	73	
DATE FILED	03/28/20			-2064	7.50		
SUMMARY:							
- QUARTER 1							3.00
- QUARTER 2							9.00
- QUARTER 3							18.00
- QUARTER 4							0.00